	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	<u></u>		
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	\$48,283	0.4%
10.	Extended Coverage	included	included
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	\$1,743,852	-4.2%
14.	Crop Hail		
15.	Other		
	Line of Insurance	<u> </u>	
	iling only apply to certain territory (SO property classes and territories.	territories) or certain classes? If so, specify:	
	1 1 3		
Rrief (lescription of filing (If filing follow	s rates of an advisory organization, specify o	rganization):
		RLA1 and revising Loss Cost Multipliers and	
	ors for property.	CLAIT and tovising 1,000 Cost irratiplicis and	I was the think the transfer of the transfer o

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

AUG 292005

SPRINGFIELD, ILLINOIS

American Economy Insurance Company
Name of Company

Peggy J. Kreger, Assistant Vice President
Official - Title

H29219D

	(1)	(2)	(3)
	(*)	Annual Premium	Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	\$604,214	0.7%
0.	Extended Coverage	included	included
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril	\$3,292,277	-4.4%
4.	Crop Hail		
5.	Other		
	Line of Insurance		
ses f	iling only apply to certain territory (territories) or certain classes? If so, specify:	
	SO property classes and territories.	territories, or corami classes. If so, specify.	
	o property viasous and territories.		
iof c	ecorintian of filing. (If filing follow	vs rates of an advisory organization, specify of	organization):
		RLA1 and revising Loss Cost Multipliers and	
	rs for property.	Contradictioning Loss Cost Muniphers and	i i donago modification
avil	is for property.		

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

AUG 2 9 2005

SPRINGFIELD, ILLINOIS

American States Insurance Company
Name of Company

Peggy J. Kreger, Assistant Vice President
Official - Title

H29219D

Change in Company's premium or rate level produced by rate revision effective 10/01/2005

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability - Private Passenger Commercial	,	
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	3,823,335	0.4%
14.	Crop Hail		
15.	Other		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

See Filing Memorandum

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): See Filing Memorandum

The Charter Oak Fire Insurance Company Name of Company

^{*} Adjusted to reflect all prior rate changes

^{**} Changes in Company's premium level which will result from application of new rates.

	(1)	(2) Annual Premium	(3) Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		<u> </u>
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	370,000	-0.1%
14.	Crop Hail		
15.	Worker's Compensation		
16.	Other		
	Line of Insurance		
~-			
	g only apply to certain territory (territor	ies) or certain classes? If so, specify	/:
nmerci	al Package Policy		
- C .1	Linking a Coling and Colon	Lean desired to the second	
	ription of filing. (If filing follows rates		
pi late	st ISO circulars for Fire & Allied, Inlan	id Marine, and Mon-Liability Packag	ge intodiffication ractor
-			
djusted	to reflect all prior rate changes.		
	in Company's premium level which		
	alt from application of new rates.		
			_
	DIVISION OF INSURANCE	COUNTRY Casualty Insurance	Company
	STATE OF ILLINOIS/IDEPR	Name of Company	
	RECEIVED	$ P_0 P$	
	ALIC 1 O 2005	pute M	
	AUG 19 2005	Ronald D. Pridgeon	<u>-</u>
		Chief Property/Casualty Actuar	у

	(1)	(2)	(3)
		Annual Premium	Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage	·	
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		"
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	16,000,000	0.1%
14.	*		<u> </u>
15.	Worker's Compensation		
16.	Other		
	Line of Insurance		
s filin	g only apply to certain territory (territor	ries) or certain classes? If so, specify	:
	ial Package Policy		
c 3		6 1	
	cription of filing. (If filing follows rates est ISO circulars for Fire & Allied, Inlar		
рилан	est 150 circulars for the & Amed, imai	id Marine, and Non-Liability Fackag	e Modification Factor
	to reflect all major rete shares		
	I to reflect all prior rate changes. in Company's premium level which		
nange	ult from application of new rate	1	
111 165	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR	1	
	STATE OF ILLINOIS/IDEPH	COUNTRY Mutual Insurance (Company
		Name of Company	
	AUG 1 9 2005	1 60(11)	
		1 (1/\\\-	
	A00 1 3 2333	1 held has	<i>)</i>
	SPRINGFIELD, ILLINOIS	Ronald D. Pridgeon	<u> </u>

Change in Company's premium or rate level produced by rate revision effective $\underbrace{04.01.06}$.

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		<u></u>
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	\$223,818	-4.9%
13. Commercial Multi-Peril	\$223,818	-4.90
14. Crop Hail		
15. Other Line of Insurance		
Line of insurance		
Does filing only apply to certain If so, specify: No	territory (territories)o	r certain classes?
Brief description of filing. (If organization, specify organization	We are revising our and adopting ISO los	an advisory loss cost multiplier s costs ISO File #GL- 055502R01

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

	CUMIS Insurance Society,	Inc.
	Name of Company	
RECEIVED		

AUG 1 2005

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Kim E. Erfurth-Associate Director
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produce	ed by rate revision effective	01/01/06
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial	 .	
Automobile Physical Damage	·····	<u> </u>
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft	 	
5. Glass William Projection	1	
6 Fidelity BYATE		
7. Surety		
7. Surety 8. Boiler and Machinery 9. Fire		
9. Fire		
10. Extended Coverage	5	
11, Inland Marine		
 Fire Extended Coverage Inland Marine Homeowners SPRINGFIELD, ILLINOI		
13. Commercial Multi-Peril (Ultrapack)	\$1,133,760	-4.5%
14. Crop Hail		
15. Other		
Line of Insurance Does filing only apply to certain territory (territories) of	or certain classes? If so, specify:	No
Brief description of filing. (If filing follows rates of an Mechanical and Electrical Breakdown Coverage Rate		anization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will res	ult from application of new rates.	
	Frie Insuran	ce Exchange
		Company
	(1)	11
	KHI Tonlul	illa -
	Ross C. Fonticella, ACAS, MAA	Ă
	Vice President and Manager	
	Official	- Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate leve	el produced by rate revision effective	01/01/06
(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Coverage	volume (Illinois)	Change (+ or -)
Automobile Liability Private Passenger Commercial	NEVIA NE	
Automobile Physical Dam Private Passenger Confidential	Wolfer	
3. Liability Other Than Auto	- a 2005	
4. Burglary and Theft \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0 8 2005	
5. Glass	GFIELD, ILLINOIS	
6. Fidelity	SIELD, ILLIIV	
7. Surety	3F16-	
8. Boiler and Machinery SFT		
9. Fire		
10. Extended Coverage		
11, Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril (Ultraflex)	\$ 8,326,502	-0.6%
14. Crop Hail		
15. Other		
Line of Insurance		
	erritories) or certain classes? If so, specify: ates of an advisory organization, specify organ Coverage Rate Decrease	No nization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whi	ch will result from application of new rates.	
	Erie Insurance	Exchange
	Name of C	
	Poss Forther	la
	Official -	Title

ILLINOIS DEPARTMENT OF INSURANCE AUG 0 8 2005 **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective SPRINGFIELD, 01/01/06

Official - Title

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
	A		
1.	Automobile Liability Private		
2	Passenger Commercial		
۷.	Automobile Physical Damage		
2	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
	Glass		
6.	Fidelity		
_	Surety		
8. 9.	Boiler and Machinery Fire		
	Extended Coverage Inland Marine		- <u>-</u>
	Homeowners		
	CMP (Ultrasure for Property Owners)	\$1,612,273	-5.2%
		\$1,012,273	-5.276
	Crop Hail Other		
15.	Line of Insurance		
Doe	es filing only apply to certain territory (territories) or cert	ain classes? If so, specify:	No.
	f description of filing. (If filing follows rates of an adviso chanical and Electrical Breakdown Coverage Rate Decr		ation):
	ljusted to reflect all prior rate changes. nange in Company's premium level which will result from	m application of new rates.	
		Erie Insurance	e Company
		Ass Fortice	ompany Us_
		Ross C. Fonticella, ACAS, MA	AAA
		Vice President and Manager	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2006 (1) (2)(3) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage **Automobile Liability Private** Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto **Burglary and Theft** 4. Glass 5. 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril -3.30% 3,915,996 14. Crop Hail 15. Other Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

And rate adequacy

Annual review of

Farmland Mutual

Name of Company

Official - Title

Vice President of Underwriting

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

AUG 2 4 2005

SPRINGFIELD, ILLINOIS

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	4, 44	
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
<i>3</i> . 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	\$693,010	0.7%
10.	Extended Coverage	included	included
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	\$917,430	-3.5%
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	iling only apply to certain territory (SO property classes and territories.	territories) or certain classes? If so, specify:	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

AUG 2 9 2005

SPRINGFIELD, ILLINOIS

First National Insurance Company of America
Name of Company

Peggy J. Kreger, Assistant Vice President
Official - Title

H29219D

	Change in Company's premium or ra	te level produced by rate revision effective	9/15/05
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
•	Commercial		
3.	Liability Other Than Auto		
4. 5.	Burglary and Theft Glass		
5. 6.	-		
	Fidelity		
7. 8.	Surety		
8. 9.	Boiler and Machinery Fire	<u> </u>	0.2%
		\$20,033	
10.	Extended Coverage	included	included
11.	Inland Marine		
12.	Homeowners	#1 224 201	
13.	Commercial Multi-Peril	\$1,324,391	-6.6%
14.	Crop Hail		
15.	Other	_	
	Line of Insurance		
	filing only apply to certain territory (SO property classes and territories.	territories) or certain classes? If so, specify:	
Ado		vs rates of an advisory organization, specify or RLA1 and revising Loss Cost Multipliers and	
Facto	ors for property.		

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



General Insurance Company of America
Name of Company

Peggy J. Kreger, Assistant Vice President
Official - Title

H29219D

Change in Company's premium revision effective	m or rate level produced b	oy rate
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger		
Commercial 2. Automobile Physical Damage Private Passenger		
Commercial 3. Liability Other Than Auto		
4. Burglary and Theft 5. Glass		
6. Fidelity 7. Surety		
8. Boiler and Machinery 9. Fire		
10. Extended Coverage 11. Inland Marine 12. Homeowners		
13. Commercial Multi-Peril 14. Crop Hail	Part of \$14,378	-16.1%
15. Other Line of Insurance		
Brief description of filing. (If organization, specify organization	filing follows rates of a n): Adopt ISO loss cost i	n advisory Filing MS-2005-RASLC
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	el which will	
	National_Casualty_C	ompany
	Name of Compa	OMPANY STATE OF ILLINOIS/IDEOH Analyst II
H29219D	Official - Tit	SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(3) Percent
<u>Change (+ or -)**</u>
-5.20%
No .
anization): Annual review of
lame of Company
N



Vice President of Underwriting

Official - Title

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

	Change in Company's revision effective	premium or rate level produced by rat <u>September 30, 2005</u>	e
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or-)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.			
	Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10. 11.	Extended Coverage Inland Marine		
11.	Homeowners		
13.	Commercial Multi-Peril	(Businessowners)	-3.6%
_ + -		2,122,610	-5.070
14.	Crop Hail		
15.	Other		
	Line of Insurance		
)oe:	s filing only apply to certain te	erritory (territories) or certain classes	? If so, specify:
}rie	f description of filing. (If filing.	ng follows rates of an advisory organiz	zation, specify organization):
	djusted to reflect all prior rate		
	Change in Company's premium		
Г	esult from application of new		Casualty Group
jag. 14	ISION OF INSURANCE		ne of Company
וטו\	STATE OF ILLINOIS/IDEPR		x, Assistant Vice President
F			fficial - Title
	AUG 0 8 2005		

Change in Company's premium or rate level produced by rate revision effective 10/01/2005

		Annual Premium	Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability - Private Passenger Commercial		
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	71,261	0.4%
14.	Crop Hail		
15.	Other		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

See Filing Memorandum

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

See Filing Memorandum

The Phoenix Insurance Company	
Name of Company	· •
Buin Heffres	

^{*} Adjusted to reflect all prior rate changes

^{**} Changes in Company's premium level which will result from application of new rates.

Form (RF-3)

	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)*
Automobile	e Liability		
Private Pa	essenger		
Commerci	ial		
. Automobile	e Physical Damage		
Private Pa	assenger		
Commerci	ial		
 Liability Of 	ther Than Auto		
. Burglary a	and Theft		
. Glass			
. Fidelity			
Surety			
•	Machinery		
. Fire	•		
0. Extended	Coverage		
Inland Mai			
2. Homeown			
3. Commerci		2.0%	\$885,574
4. Crop Hail			·
5. Other:			
	apply to certain territory(ies) or co	ertain classes? No	
oes filing only so, specify:	apply to certain territory(ies) or co	ertain classes? No	
so, specify: rief descriptior rganization,sp lumerous char	n of filing. (If filing follows rates of ecify organization): nges to Illinois exception pages, in	an advisory	
so, specify: rief descriptior rganization,sp lumerous char * Adjusted t	n of filing. (If filing follows rates of ecify organization): nges to Illinois exception pages, in to reflect all prior rate changes.	an advisory ncluding rate change.	
rief description rganization,spe umerous char * Adjusted t ** Change in	n of filing. (If filing follows rates of ecify organization): nges to Illinois exception pages, in to reflect all prior rate changes.	an advisory including rate change. will result from application of State Automobile Muti	ual Insurance Company
so, specify: rief description rganization,spelumerous char * Adjusted t ** Change in	n of filing. (If filing follows rates of ecify organization): nges to Illinois exception pages, in to reflect all prior rate changes.	an advisory including rate change. will result from application of State Automobile Muti	

Form (RF-3)

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
	Coverage	Volume (limiois)	Change (+ or -)
	ile Liability		
Private P	assenger		
Commerc	- · · -		
	ile Physical Damage		
Private P			
Commerc	- // - / /		
	Other Than Auto		<u> </u>
	and Theft		_
. Glass			
. Fidelity			
. Surety			
 Boiler and 	d Machinery		
). Fire			
Extended			
 Inland Ma 	arine		
Homeowr	ners		
	cial Multi-Peril	2.3%	\$6,253,109
4. Crop Hail			
			
			-
5. Other:	Line of Insurance		<u> </u>
5. Other:		ertain classes?	-
5. Other:	y apply to certain territory(ies) or ce		
Other:oes filing only	y apply to certain territory(ies) or ce	ertain classes? No	_
5. Other:	y apply to certain territory(ies) or ce		_
5. Other:	y apply to certain territory(ies) or ce		_
5. Other: loes filing only so, specify:	y apply to certain territory(ies) or ce		
oes filing only so, specify:	on of filing. (If filing follows rates of	an advisory	
oes filing only so, specify:	y apply to certain territory(ies) or ce	an advisory	
5. Other: Does filing only so, specify: Grief description	on of filing. (If filing follows rates of	an advisory	
5. Other: Does filing only f so, specify: Brief description organization, specify.	on of filing. (If filing follows rates of	an advisory	
5. Other: Does filing only foo, specify: Brief description organization, specify description organization, specifically description or	on of filing. (If filing follows rates of pecify organization): Inges to Illinois exception pages, in	an advisory	
5. Other: Does filing only so, specify: Brief description organization, specify description organization of the second organization of the second organization of the second organization or the second organization or the second organization or the second	on of filing. (If filing follows rates of pecify organization): Inges to Illinois exception pages, in	an advisory cluding rate change.	
oes filing only so, specify: rief description rganization, spumerous cha * Adjusted ** Change i	on of filing. (If filing follows rates of pecify organization): Inges to Illinois exception pages, in to reflect all prior rate changes. In Company's premium level which	an advisory cluding rate change.	
oes filing only so, specify: rief description of ganization, specify umerous characters. * Adjusted	on of filing. (If filing follows rates of pecify organization): Inges to Illinois exception pages, in to reflect all prior rate changes. In Company's premium level which	an advisory cluding rate change.	
oes filing only so, specify: rief description ganization, spumerous cha * Adjusted ** Change i	on of filing. (If filing follows rates of pecify organization): Inges to Illinois exception pages, in to reflect all prior rate changes. In Company's premium level which	an advisory cluding rate change.	
oes filing only so, specify: rief description rganization, spumerous cha * Adjusted ** Change i	on of filing. (If filing follows rates of pecify organization): Inges to Illinois exception pages, in to reflect all prior rate changes. In Company's premium level which	an advisory cluding rate change. will result from application of	
oes filing only so, specify: rief description ganization, spumerous cha * Adjusted ** Change i	on of filing. (If filing follows rates of pecify organization): Inges to Illinois exception pages, in to reflect all prior rate changes. In Company's premium level which	an advisory cluding rate change. will result from application of State Auto Property and	
oes filing only so, specify: rief description rganization, spumerous cha * Adjusted ** Change i	on of filing. (If filing follows rates of pecify organization): Inges to Illinois exception pages, in to reflect all prior rate changes. In Company's premium level which	an advisory cluding rate change. will result from application of State Auto Property and	Casualty Insurance Compan
oes filing only so, specify: rief description ganization, spumerous cha * Adjusted ** Change i	on of filing. (If filing follows rates of pecify organization): Inges to Illinois exception pages, in to reflect all prior rate changes. In Company's premium level which	an advisory cluding rate change. will result from application of State Auto Property and	
5. Other: loes filing only so, specify: linef description riganization, specify umerous cha * Adjusted ** Change i	on of filing. (If filing follows rates of pecify organization): Inges to Illinois exception pages, in to reflect all prior rate changes. In Company's premium level which	an advisory cluding rate change. will result from application of State Auto Property and C	

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

AUG 1 1 2005

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective 10/01/2005

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability - Private Passenger Commercial		
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	4,512,336	0.4%
14.	Crop Hail		
15.	Other		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

See Filing Memorandum

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): See Filing Memorandum

The Travelers Indemnity Company Name of Company

^{*} Adjusted to reflect all prior rate changes

^{**} Changes in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective 10/01/2005

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability - Private Passenger Commercial	voidine (illinoio)	
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	5,325,299	0.4%
14.	Crop Hail		
15.	Other		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

See Filing Memorandum

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): See Filing Memorandum

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

The Travelers Indemnity Company of America					
Name of Co	ompany				
	~	, 111	_		

Change in Company's premium or rate level produced by rate revision effective 10/01/2005

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability - Private Passenger Commercial		
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	9,323,778	0.4%
14.	Crop Hail		
15.	Other	FM	
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

See Filing Memorandum

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

See Filing Memorandum

The Travelers Indemnity Company of Connecticut

Name of Company

Second Vice President

Official - Title

^{*} Adjusted to reflect all prior rate changes

^{**} Changes in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective 10/01/2005

	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability - Private Passenger Commercial	volume (minois)	(10/-)
2.	Automobile Physical Damage - Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	14,473,088	0.4%
14.	Crop Hail		<u></u>
15.	Other		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

See Filing Memorandum

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): See Filing Memorandum

* Adjusted to reflect all prior rate changes

The Travelers Property Casualty Company of America Name of Company

^{**} Changes in Company's premium level which will result from application of new rates.